#### APPLICATION FOR AN AREA VARIANCE

### Town of Sutton Zoning Board of Adjustment

#### THIS SECTION TO BE COMPLETED BY LAND USE COORDINATOR

Received by:	Date Received at Town Hall:	Case #:
Hearing Date:	Fees Paid:	Date Granted/Denied/Withdrawn:
Having read the Appeal Instruction and submit with fee		opeal Checklist, please complete this your hearing.
Name of Applicant:		
Mailing Address:		
Home Telephone:	Work:	Cell:
Owner of Property:		
Location of Property:		
Tax Map Number:L	ot Number:	Acreage:
Registry of Deeds Book #:		_ Page #:
Zoning District (circle one):	Residential District	or Rural Agricultural District
Section, of the Su proposed use in detail (use se	atton Zoning Ordinance in eparate sheet of paper if	ordance with Article, order to: Describe present and necessary).
Applicant Signature:		Date:
Property Owner Co-signature:		Date

# WORKSHEET FOR AN AREA VARIANCE Town of Sutton Zoning Board of Adjustment

			Applicants Initials:			
	To be filled out by Land Use Coordinator					
Ca	Case # Appl	licant:	Date:			
1.	. The value of surrounding properties	will not be diminished b	y the granting of the variance.			
2.	. The variance will not be contrary to	the public interest.				
3.	. Special conditions exist such that lite	eral enforcement of the o	ordinance result in unnecessary hardship.			
	An area variance is needed to er special conditions of the propert		posed use of the property given the			
	b. The benefit sought by the applic feasible for the applicant to purs		by some other method reasonably iriance.			
4.	. Substantial justice will be done by gr	ranting the variance.				
5.	. The variance is consistent with the sp	pirit of the ordinance.				

## **Description of Circumstances**


## Town of Sutton Zoning Board of Adjustment

## **Appeal Checklist**

Ap	plicant Name:			
Ow	vner(s) Name if different from Applicant:			
Wi	th the application you must include:			
	1. A copy of a letter of denial for building permit from the Selectmen's Office.			
	2. All other information pertinent to the request not limited to the following:			
	a. Drawings and descriptions must be in pen/ink only. Please provide twelve (	12) copies.		
Dra	awings and descriptions must indicate clearly where the site is located and what is	proposed.		
	e drawings, maps or plans <b>MUST BE TO SCALE</b> and provide <b>ALL</b> of the following i blication will be considered incomplete and mailed back to you for completion:	nformation or the		
1.	Show "for the lot of record" the boundary lines – exact footage on all sides.			
2.	Name of the road(s) the lot fronts on.			
3.	North/South arrow.			
4.	Clearly mark names and tax map numbers of all abutters placed on the proper lot locations around the lot of record (see tax map).			
5.	Clearly mark location of water wells (make with "W"), septic leach beds (mark with "S") for the lot of record.			
6.	Include all existing structures on the lot, clearly indicating their dimensions, height, and distance from other structures and from the center line of the road and distance from abutter property line.			
7.	Clearly mark location of any bodies of water, wetlands and culverts or stonewalls with distances to existing structures.			
8.	Floor plan with dimensions: including height; distance from the center line of the road; distance from other structures on the lot and distance from abutter(s) property line.			

## Town of Sutton Zoning Board of Adjustment

## Abutter(s) List

Map/Lot #,	
Name:	
Address:	
City, State & Zip:	
Map/Lot #,	
Name:	
Address:	
City, State & Zip:	
Map/Lot #,	
Name:	
Address:	
City, State & Zip:	
Map/Lot #,	
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City, State & Zip:	